


TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	24641-7005
	First named inventor	CHOBOTOV, Michael
	Express mail label #	EL870637555US
	Date of mailing	December 20, 2001
Application Elements		Accompanying Application Papers
1. <input checked="" type="checkbox"/> Fee Transmittal Form 2. <input checked="" type="checkbox"/> Specification containing <u>78</u> pages (including claims and Abstract), and <u>1</u> cover sheet. a. Title: ADVANCED ENDOVASCULAR GRAFT b. Number of claims: <u>71</u> 3. <input checked="" type="checkbox"/> <u>14</u> sheets of drawings with <u>13</u> Figures. 4. <input type="checkbox"/> Copy of Declaration from parent application. 5. <input type="checkbox"/> Sequence Listing <input type="checkbox"/> Paper copy (identical to computer copy) <input type="checkbox"/> Computer readable copy <input type="checkbox"/> Verified statement		6. <input type="checkbox"/> Copy of assignment from prior application 7. <input checked="" type="checkbox"/> Small Entity Status is claimed 8. <input type="checkbox"/> Preliminary Amendment 9. <input checked="" type="checkbox"/> Return Receipt Postcard
		SIGNATURE OF ATTORNEY/AGENT HELLER EHRMAN WHITE & McAULIFFE LLP  William B. Anderson Registration Number: 41,585
<input type="checkbox"/>		
CORRESPONDENCE ADDRESS		
NAME	William B. Anderson Registration No. 41,585 Heller Ehrman White & McAuliffe LLP	
Address	4350 La Jolla Village Drive, Suite 600, San Diego, CA 92122	
	Telephone: 858.450.8400	Facsimile: 858.587.5360

FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. § 1.53	Attorney Docket No.	24641-7005
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FEE CALCULATION FOR CLAIMS SUBMITTED


a)	Basic Fee		\$	740.00
b)	Independent Claims	$\frac{8}{71} - 3 = \frac{5}{51}$	x \$	84.00
c)	Total Claims		\$	918.00
d)	Fee for Multiple Dependent Claims	- \$280.00	\$	0.00
TOTAL FILING FEE			\$	2078.00

[X] Status as Small Entity is claimed, reducing Fee by one-half to \$1,039.00

[X] A check in the amount of \$1,039.00 to cover the fee for filing the application.

[] Charge \$.00 to Deposit Account No. 50-1213.

[X] The Commissioner is hereby authorized to charge any fees, including the filing fee and excess claims fee, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

CORRESPONDENCE ADDRESS					
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Address	4350 La Jolla Village Drive, Suite 600, San Diego, CA 92122				
	Telephone: 858.450.8400			Facsimile: 858.587.5360	
Submitted by:					
Typed or printed name	William B. Anderson			Reg. Number	41,585
Signature		Date	12-20-01	Deposit Account	50-1213